

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

INDEPENDENT LEADERSHIP FUND

ADDRESS (number and street)

131 MADEIRA AVE 2ND FLOOR

Check if different
than previously
reported. (ACC)

CORAL GABLES

FL

33134

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00609933

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☒ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M

D D D

Y Y Y Y Y Y Y

11

08

2016

in the
State of

FL

(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M

D D D

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M

D D D

Y Y Y Y Y Y Y

10

01

2016

through

M M M

D D D

Y Y Y Y Y Y Y

10

19

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Goode, Michael, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Goode, Michael, , ,

[Electronically Filed]

Date

M M M

D D D

Y Y Y Y Y Y Y

10

25

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

INDEPENDENT LEADERSHIP FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	125672.41	
(c) Total Receipts (from Line 19)	24500.00	185650.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	150172.41	185650.00
7. Total Disbursements (from Line 31).....	51633.68	87111.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	98538.73	98538.73
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

INDEPENDENT LEADERSHIP FUND

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		01		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
10		19		2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

24500.00

185550.00

(ii) Unitemized

0.00

100.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

24500.00

185650.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

24500.00

185650.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

24500.00

185650.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

24500.00

185650.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	38.00	35515.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	38.00	35515.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	51595.68	51595.68
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	51633.68	87111.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51633.68	87111.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	24500.00	185650.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24500.00	185650.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	38.00	35515.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	38.00	35515.59

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 12
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INDEPENDENT LEADERSHIP FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Amelia Hialeah Holdings LLC

Mailing Address 16400 NW 59th Ave

City
Miami Lakes

State
FL

Zip Code
33014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.4234

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Arenal Building Enterprises, LLC

Mailing Address 18610 NW 87 Ave Ste 204

City
Hialeah

State
FL

Zip Code
33015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : SA11AI.4220

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Costa Farms

Mailing Address 21800 SW 162 Avenue

City
Miami

State
FL

Zip Code
33170

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.4251

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT LEADERSHIP FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EZ 2 Rent Homes 6 LLC

Mailing Address 16400 NW 59th Ave

City

Miami Lakes

State

FL

Zip Code

33014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.4247

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EZ 2 Rent Multi LLC

Mailing Address 16400 NW 59th Ave

City

Miami Lakes

State

FL

Zip Code

33014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.4230

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EZ 2 Rent North LLC

Mailing Address 16400 NW 59th Ave

City

Miami Lakes

State

FL

Zip Code

33014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.4243

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT LEADERSHIP FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fernandez, Miguel, B, ,

Mailing Address 121 Alhambra Plaza Ste 1100

City

Coral Gables

State

FL

Zip Code

33134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MBF Healthcare

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.4210

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Full Court Press LLC

Mailing Address 16400 NW 59th Ave

City

Miami Lakes

State

FL

Zip Code

33014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.4241

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Granada Shopping Plaza, LLC

Mailing Address 18610 NW 87 Ave Ste 204

City

Hialeah

State

FL

Zip Code

33015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : SA11AI.4222

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT LEADERSHIP FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hialeah 1.2 Acres LLC

Mailing Address 16400 NW 59th Ave

City
Miami Lakes

State
FL

Zip Code
33014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.4236

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hialeah 22 LLC

Mailing Address 16400 NW 59th Ave

City
Miami Lakes

State
FL

Zip Code
33014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.4238

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hialeah REO Rentals 6 LLC

Mailing Address 16400 NW 59th Ave

City
Miami Lakes

State
FL

Zip Code
33014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

Transaction ID : SA11AI.4245

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 12
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

INDEPENDENT LEADERSHIP FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Palm West Apt Management Co LLC

Mailing Address 16400 NW 59th Ave

City
Miami Lakes

State
FL

Zip Code
33014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 19 / 2016

Transaction ID : SA11AI.4249

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Prestige BRP 1 LLC

Mailing Address 16400 NW 59th Ave

City
Miami Lakes

State
FL

Zip Code
33014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 19 / 2016

Transaction ID : SA11AI.4232

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

24500.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 11 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) INDEPENDENT LEADERSHIP FUND				FEC IDENTIFICATION NUMBER ▼ C C00609933	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></div> <div><input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></div> </div>	
Full Name of Payee SXM Strategies			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div><input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></div><div><input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></div></div> <div style="display: flex; justify-content: space-between;"><div><input type="text" value="10"/> <input type="text" value="14"/> / <input type="text" value="2016"/></div></div>
Mailing Address 1181 S Rogers Cir Ste 21			Amount <div style="display: flex; justify-content: space-between;"><div><input type="text" value="4000.00"/></div></div>		Transaction ID : SE.4224
City Boca Raton		State FL	Zip Code 33487	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div><input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></div><div><input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></div></div> <div style="display: flex; justify-content: space-between;"><div><input type="text" value="10"/> <input type="text" value="14"/> / <input type="text" value="2016"/></div></div>	
Purpose of Expenditure Robo Calls			Category/ Type <input type="text"/>		
Name of Federal Candidate: CURBELO, CARLOS, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought			<div style="display: flex; justify-content: space-between;"><div><input type="text" value="51595.68"/></div></div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee The Stoneridge Group			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div><input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></div><div><input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></div></div> <div style="display: flex; justify-content: space-between;"><div><input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="2016"/></div></div>
Mailing Address 4400 North Point Pkwy Ste 190			Amount <div style="display: flex; justify-content: space-between;"><div><input type="text" value="23797.84"/></div></div>		Transaction ID : SE.4212
City Alpharetta		State GA	Zip Code 30022	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div><input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></div><div><input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></div></div> <div style="display: flex; justify-content: space-between;"><div><input type="text" value="10"/> <input type="text" value="11"/> / <input type="text" value="2016"/></div></div>	
Purpose of Expenditure Direct Marketing			Category/ Type <input type="text"/>		
Name of Federal Candidate: CURBELO, CARLOS, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought			<div style="display: flex; justify-content: space-between;"><div><input type="text" value="23797.84"/></div></div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="display: flex; justify-content: space-between;"><div><input type="text" value="27797.84"/></div></div>	
(a) SUBTOTAL of Unitemized Independent Expenditures				<div style="display: flex; justify-content: space-between;"><div><input type="text"/></div></div>	
(a) TOTAL Independent Expenditures				<div style="display: flex; justify-content: space-between;"><div><input type="text"/></div></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Goode, Michael, , , Signature			[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"><div><input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></div><div><input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/></div></div> <div style="display: flex; justify-content: space-between;"><div><input type="text" value="10"/> <input type="text" value="25"/> / <input type="text" value="2016"/></div></div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) INDEPENDENT LEADERSHIP FUND	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00609933 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Stoneridge Group			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 4400 North Point Pkwy Ste 190			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23797.84</div>	
City Alpharetta	State GA	Zip Code 30022	Transaction ID : SE.4217 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Direct Marketing		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	<div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate: CURBELO, CARLOS, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">47595.68</div>			<div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>	

Full Name of Payee <input type="checkbox"/> Memo Item _____			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address _____			Amount <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	
City _____	State _____	Zip Code _____	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure _____		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	<div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate: _____			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>			<div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	23797.84
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	
(a) TOTAL Independent Expenditures	▶	51595.68

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Goode, Michael, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature